

Image# 12961259170

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Lois J. Frankel			2. Candidate's FEC Identification Number H2FL14053		
(b) Address (number and street) P.O. Box 775			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code West Palm Beach FL 33402			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House		6. State & District of Candidate FL 22	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Lois Frankel for Congress		
(b) Address (number and street) P.O. Box 775		
(c) City, State, and ZIP Code West Palm Beach FL 33402		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Frankel Murphy Victory Fund		
(b) Address (number and street) 709A 8th St SE		
(c) City, State, and ZIP Code Washington DC 20003		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Lois J. Frankel	Date 11/12/2012
[Electronically Filed]	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--